



Missouri Department of Revenue
Change of Residency Statement

Resident Information

Name		Date of Birth (MM/DD/YYYY) ____ / ____ / ____	
Missouri Driver License Number			
New State of Residence		Date Residency Established (MM/DD/YYYY) ____ / ____ / ____	
Current Address			
City		State	Zip Code
New License Application Date (MM/DD/YYYY) ____ / ____ / ____			

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
Signature	Date (MM/DD/YYYY) ____ / ____ / ____

The following information must be completed by an official in the new resident state.

Official Information

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. The above named person has attempted to apply for a license in this state.		
State and Class of License		
State Official's Name		Title
Office Address		
City		State Zip Code
Telephone Number		Date (MM/DD/YYYY) ____ / ____ / ____

Form 4788 (Revised 02-2014)

Mail To: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 526-2407
Fax: (573) 522-6062
E-mail: dlbmail@dor.mo.gov

Visit www.dor.mo.gov/drivers for additional information.

